

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-002300

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY

JASPER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CARTHAGELength of stay in lb
NEVERc. CITY
OR TOWN CARTHAGEInside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DOA MCCUNE BROOKS HOSPInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
ROUTE # 3Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
VIRGIL

Middle

Last
LEWIS4. DATE
OF DEATH

Month

Day

Year

JANUARY 27, 1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-10-109. AGE (last birthday)
52IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
FARMING10b. KIND OF BUSINESS OR INDUSTRY
AGRICULTURE11. BIRTHPLACE (City and state or country)
CARTHAGE RT3, MO.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

WILLIAM LEWIS

13b. MOTHER'S MAIDEN NAME

PAROLEE FUNK

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MISS VIOLA LEWIS, CARTHAGE, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH

36 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Asthma, Bronchial

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-27-62 to 1-27-62 and last saw him alive on 1-27-62.
Death occurred at 7:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD.

22b. ADDRESS

1515 HAZEL, CARTHAGE, MO.

22c. DATE SIGNED

1-29-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE

1/30/62

23c. NAME OF CEMETERY OR CREMATORY

FIDELITY CEMETERY

23d. LOCATION (City, town, or county)

JASPER CO., MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG.

1-29-62

26. REGISTRAR'S SIGNATURE

W. Clinton

FEB 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.